1/16,

Application or Docket Number

Effective November 10, 1998	09/22315
01 4140 40 511 50 - 04 50 1	

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN			
┝	OR		NUMBER FILED NUMBER EXTRA			7	TYPE		OF		LENTITY		
<b> </b> -			NONB			HOMBEN	LATINA		RATE	FEE		RATE	FEE
BASIC FEE						]		380.0	OF	3	760.00		
TOTAL CLAIMS 21 minus 20= * 7							X\$ 9=		OF	X\$18=	126		
INDEPENDENT CLAIMS					us 3 =	ıs 3 = *			X39=		OF	X78=	
M	MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OF	+260=	<i>a</i>
* [1	* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	+	OF	TOTAL	886
		CLAIM	SASA	MENDE	D - P	ART II						OTHER	R THAN
			ımn 1)			Column 2)	(Column 3)		SMALL	. ENTITY	OR		ENTITY
AMENDMENT A		REM/	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
NON	Total -	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRES	* ENITATIO	NOEM	Minus	****	ENT OLAMA	= .		X39=		OR	X78=	
		LIVIANO	IN OF MIC	JETIPLE D	EPENU	ENT CLAIM			+130=		OR	+260=	
								L	TOTAL		OR	TOTAL	
		(Colu	mn 1)		(C	olumn 2)	(Column 3)	A	DDIT. FEE		7011	ADDIT. FEE	
8		CLA	JMS		H	IIGHEST				ADDI-	7		455:
AMENDIMENT		AF AMENI			PR	IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
	Total			Minus	••		=		X\$ 9=		OR	X\$18=	
A A	Independent	*		Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NIATIO	N OF MU	LTIPLE DE	PEND	ENT CLAIM			+130=	<u> </u>	1		
								L		<u></u>	OR	+260=	
		•						AD	TOTAL DIT. FEE		OR	.TOTAL ADDIT. FEE	
_		(Colur					(Column 3)						
ובוגו		CLAI REMAI AFT AMEND	NING ER		PRE	IGHEST UMBER EVIOUSLY NID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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i  -	Independent	•		Minus	***		-		V20				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							L	X39=		OR	X78=		
· If i	the entry in colu	mn 1 is lee	s than the	entry in col-	ımı 2	rite *0° in anti-	mo 3	Ŀ	130=		OR	+260=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  OR  TOTAL ADDIT. FEE													
T	he "Highest Num	ber Previo	usly Paid	For (Total o	r Indepe	ndent) is the t	ighest number	found	in the app	ropriate bo	k in colu	ımn 1.	

## It noes NOT get mailed to the applicant.

# NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/223875

## Total Fee Calculation

	Fee Code	Total . # Claims	Number Extra	<b>X</b>	Fee	Fee = Tital	
• • •	Sm./Lg.				Sm. Entity	Lg. Entity	•
Basic Filing Fee	201/101				380	760 - 76	2
Total Claims >20	203/103	27 -20	<u> </u>	x	<u>9</u>	_18 : 136	
Independent Claims >3	202/102	2 -3.	•	x	39	78	_
Mult. Dep Claim Present	204/104	•			130	260	
Surcharge	205/105	• •			<u>65</u>	130 = 12	<u>ー</u>
English Translation	139						7

## TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due =



Less Filing Fees Submitted -\$\_\_\_\_\_\_\_

BALANCE DUE

=\$<u>1016</u>

G. WASHINGTON

Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev. 12/97)